

Foster Family Home - Corrective Action Report

Provider ID: 1-586688

Home Name: Arnolfa Ugot, CNA

Review ID: 1-586688-7

91-1146 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/1/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(8) Client # 1 # 2 No client belonging record documentation

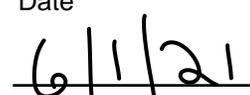
54.(c)(7) Client # 1 # 2 No client Expenditure record documentation

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Date


Primary Care Giver


Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Arnolfa Ugot

(PLEASE PRINT)

CCFFH Address: 91-1146 Kaunolu St., Ewa Beach HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(5)	Medication schedule checklist - Medications reconciled by [REDACTED] RN - discrepancies corrected. [REDACTED] spoke with [REDACTED] regarding medications and reconciliation.	6/28/21	I will crosscheck the medication logs against the prescription label to make sure that they match.
54.(c)(7)	Expenditure records - Expenditure records for both clients #1 and #2 have been updated and are now current.	6/3/21	I will update records within 2 days of happening.
54.(c)(8)	Personal inventory - All personal inventory items for both clients #1 and #2 has been identified, accounted for, itemized and recorded.	6/7/21	I will take inventory of all personal items as the clients get settled within the home.
54.(c)(5)	Medication Corrections not attached to CAP due to HIPAA confidentiality.		

All items that were fixed are attached to this CAP

PCG's Signature: *Arnolfa Ugot*

Date: 6/28/2021

CTA has reviewed all corrected items